

APPLICATION FORM

Full naı	me								
Gender		Male	Fe	emale	Other				
Date of	birth								
Contact number									
Email address									
		el of fina d 5 being th		nowled	ge on a scale of 1 to 5				
1	2	3	4	5					

Tick your preferred date & indicate which modules you wish to participate in

	Module 1 Intro to Finance	Module 2 Accounting	Module 3 Savings	Module 4 Investment
24 October				
7 November				
21 November				_

Submit a paragraph explaining what would you like to gain from the mentoring programme Please type on a seperate sheet and attach to the application form (max. 100 words)

I hereby give my consent to the Malta Business Bureau to make use of all the personal information that I have given and/or to confer this information to third parties for the purpose of this training initiative

I hereby give my consent to the project team to be photgraphed while participating in the mentoring programme. I further authorise that the photographs may be published for any purpose and in any form